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OBSERVATIONS ON "CONGESTION."

By J. A. A.

"What is in a name?" Much—very much. Even life sometimes, when a physician uses it—for with him a name grows to be a "real thing,"—a power which influences and controls, when influence and control poise the nice balance of dangerous disease.

There is scarcely any other name, than this of CONGESTION, which is oftener used by physicians to patients and their friends, or which figures more ominously in Mortality Reports.

The word is a cloak for a multitude of organic sins. The word means, a massing together, a heaping up, a crowding—technically an extraordinary accumulation of blood in a part, with diminution, or total cessation, of its normal motion, "*Stasis of Blood.*" And this, we are told, may be active or passive. And some say that the phrase *active* congestion involves the idea of too much life, whilst the term *passive* recognizes that there is too little life. If this be true, this is a wonderful difference! Somebody says something about loss

of contractility, or irritability, or some other *ility* of the capillary parietes as though that meant anything!

In the light of modern science, all these words ending in *ility* are *voces et preterea nihil*. Some one says something about *tonicity*, or some other *icity*, as though that meant something. I pray you, my friend, get rid of the *icities* as well as the *ilities*, they are all shadows and nonsense!

When the great, or simple processes of nature are referred to *properties*, we sin with the alchemists of centuries ago, without the excuse of alchemists of centuries ago. The sin of that ignorance the God of Science winked at, but now commandeth—quite otherwise.

What do we mean by *Congestion*? To understand the stasis of blood—congestion—hyperæmia—or whatever we please to call it—be it “active,” or “passive,” or neuter, it is necessary to understand why the blood flows in arteries, capillaries, or veins, at all.

My Veratrum Viride friend says, it is because he has not administered his pet specific, and I am quite willing to admit that he not infrequently renders the flow impossible, by its administration. And so he of the Aconite, or Tartar Emetic, or Lobelia persuasion!

Somewhere about 1619, Anno Domini, Harvey demonstrated that the blood passed from the left ventricle of the heart to the aorta, and from that great tube to the arteries, thence to the capillaries, thence to the veins, and thence to the right auricle of the heart, the right ventricle, the lungs, the left auricle, and thence to the left ventricle, and so on again. The result was, the whole medical world began to believe, and much of it still believes, that in the heart are the “issues of life,” and in it the fountains of disease. And much of medical practice has been based on controlling this muscular viscus.

Hence the Veratrum Viride man, and the Aconite man, and the Digitalis man, *et id genus omne*, have devoted their collected genius to the great work of controlling the aberrations of this viscus. Opposing the effect—forgetting the cause!

Scriptural physiology is still the best—the *Life* of man is in the *Blood*.

The heart is a necessary organ, a vital organ, but the great changes in which the operations of life essentially consist, take place in the interstices of tissue around the capillaries.

The great force of the circulation is found in the capillary tissue.

This force is the exact measure of the amount of tissue metamorphosis.

When tissue metamorphosis is at its maximum, the rapidity of the local circulation is at its maximum—there is "*determination of blood*," *hyperæmia*, ultimately *hypertrophy*—or, if formative power be deficient, or there is defective blood, there is suppuration or kakoplastic deposit.

When the blood is deficient in the appropriate elements of nutrition there is necessarily less capillary force. When *poisons* are in it, there is necessarily less capillary force. This, whether you call the force *physical* or *vital*.

When the capillary force is lessened, there is always *Congestion*.

When the capillary force is increased beyond the capacity of the formative force, there is always *Congestion*.

The first is passive, the second active.

———"Facies non omnibus una,
Nec diversa tamen; qualem decet esse sororum."

Somebody has recently grown very facetious over the phrase "*blood-poison*." Is not somebody aware that all we know of disease is summed up in *blood-poison*? In fact, as well as Scripture, the *Life* of man is in the *Blood*—and the *Death* of man, as immediate correlative, is also to be found in the same all-pervading, all-sustaining fluid. *Corpora non agunt nisi soluti*—and no tissue is renovated or healed without healthy blood. There is a world of truth in some of these old maxims.

In passive congestion the blood is charged with constituents which lessen or forbid its affinity for the tissues, or there is mechanical obstruction to its flow.

In active congestion the same event follows from a different cause. Excessive tissue change, generally FEVER, or locally, INFLAMMATION, charges the blood with effete materials, so abundant that their non elimination by the overworked excretories produces the same effect as poisons taken in from without—or the exudation and new formation of the inflammatory process involve mechanical obstruction, just as would a ligature upon the vein or veins beyond. Or both these causes conspire.

Thus the cause of the impaction of blood in any part, or briefly, *congestion*, may be in the part itself, or in the whole circulating mass, or localized upon the proximal or distal side of the part. Mechanically obstructive, or dependent on loss of affinity of the blood for the capillary wall.

Thus the cause of congestion may be anything which impairs the affinity, be it chemical or vital, whatever you choose to call it, of the part involved, for the blood which should permeate it, or, *vice versa*, of the blood for the part—or again, mechanical obstruction.

Every pathologist now recognizes the radical diversity of Portal Venous Congestion and Hepatic Venous Congestion, and at the same time, will admit hepatic stasis of blood from the pressure of tumors or deposits, or the immediate or remote local effects of common "inflammation."

He who now says "Congestion of the Liver," as though that gave the whole story, has advanced but little beyond the "Liver Complaint" of the Fathers.

There is yet another element to be taken into consideration in this discussion—one which the vitalists of the Paine stamp consider the only one, and which humoralists are too much disposed to wholly ignore. This element is the nervous apparatus. Before the true mechanism of nervous action was unfolded by the present writer, the pathologist always had a ready excuse for his ignorance of the real changes which take place in the various processes of "*inflammation*" or "*congestion*," by invoking the benevolent interposition of the "*vital properties*," as though the phrase meant anything!

Men, accustomed to the ordinary methods of scientific inquiry, wandering into the field of medicine, were amazed at the fossil formulæ piled up to bar further progress. The nervous system, with "vital properties," *ilities* and *icities* in abundance, was the chosen field for bush fighting. The vitalists are the shrewdest of intellectual guerillas. The contest seemed necessarily interminable, but happily it is no longer requisite. The mechanism of nervous action being now well understood we can fully appreciate its influence upon the local changes, congestion, inflammation, and kindred modifications of natural processes.

For the nerve fibre or tube simply determines molecular and cell changes in the part, which to a greater or less extent increases or diminishes the affinity, be it physical or vital, of the tissue for the blood. There is no new mechanism supplanting that of health—there is no novelty of process.

Change (molecular), however produced at one extremity of a nerve conductor, manifests itself by change (molecular) at the other extremity of the nerve conductor, (or it may be a second or even further series—"reflex,") increasing or lessening the affinities, or changing the structure involving dilatation or contraction of the contractile parietes of the blood vessels, or modifying nutrition or secretion, (identical physiologic processes,) and so on.

The whole secret of the nervous action in the part is involved in the molecular change produced, be it increase, lessening or mere alteration.

Both pathologically and therapeutically this change is of the highest interest.

Once for all, this change is not an abstract, metaphysical, *spiritual* affair, but a positive, *material* composition and decomposition. Not a mere play upon "*properties*," but a physical change of elements and compounds, as clear and unmistakable as the reactions of a chemical mixture. Whether it be chemical or no, is *not* the question. Congestion may be produced by the nervous action alone. The blush is a tempo-

rary congestion from this cause. A jaundice, a diarrhœa, diuresis, diaphoresis, etc., etc., how often are they seen from the same cause!

Not more strange than the riving of a tree by electricity, or the explosion of gunpowder, or mixed oxygen and hydrogen, by the "imponderable" heat.

Congestion is only relieved by the restoration of the affinity—call it physical or vital as you please. It may ultimate in death from immediate impairment of the function of the organ. Witness congestion of the lungs, of the brain, of the kidneys, the effect becomes the cause of death.

It may ultimate in gradual dissolution—chronic disease. Or "inflammation" supervenes, with destructive or conservative processes.

Every organ is an excretory so far as every other organ is concerned. Failure of one in its nutrition, or secretion, which is its correlative, fills a part or the whole of the vascular system with effete substance, which lessens the affinity of the blood for another organ or tissue, and congestion ensues. None more frequently perhaps, than the skin and kidneys.

"Congestion of the brain," "congestion of the lungs," "congestion of the bowels," etc., etc., are oftener the results of morbid causes operating on the skin or kidneys, than from inherent affection of the parts themselves. In this climate the skin and kidneys are especially liable to be the organs at fault. The kidneys are the most important of all excretories—they are the most frequently and readily called into vicarious action. It is safe to say that half at least of the so-called congestions of remote organs, brain, lungs, etc., are the result of failure of the kidneys or skin in their eliminatory functions.

Hence blood-poisoning, a phrase sneered at by sciologists, by vitalists and worshippers of Paine.

Alvine excretions may fail, but so long as the kidneys are perfect in the performance of their function, remote organs, and the system in general, escape harm. They are the true safety valves.

True therapeutics consist in elimination—restoration of normal conditions, and provision for *renewal*.

Not only the vascular system, but the nervous system, and last not least, the nutrient apparatus must be attended to by the therapeutists.

Topographical—"specific" nosology and nostrum making, regular and irregular, have had their day. *PHYSIOLOGY, otherwise NATURE*, is now in the ascendant.

THE TREATMENT OF HEALTHY ULCERS OF THE EXTREMITIES BY "SEALING."

By W. B. SLAYTER, M. D., of Chicago,

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The treatment of healthy ulcers of the extremities by sealing, has received little or no attention from the profession in this part of the country, although in many of the Eastern cities and Europe, it is employed by many of the most eminent surgeons.

The treatment consists in applying around the ulcer and in the sound skin, narrow strips of adhesive plaster. A piece of thin oil silk is then placed over the ulcer and affixed to the plaster by means of collodion; the part is then bandaged and kept as quiet as possible. The advantages of this treatment are, 1st. Healthy ulcers heal more rapidly than by the ordinary methods of treatment. 2d. It gives very much less trouble. 3d. The surface of the ulcer can always be seen without removing the dressings.

1st. Numerous cases have been published in "Braithwait's Retrospect," and other journals, clearly showing that ulcers which are inclined to heal slowly, have, under this treatment, very rapidly put on a healthy appearance and filled up; and in my own practice at the Westminster Hospital and other

places have witnessed the marked success which has attended its use. In the Westminster Hospital, where numerous cases are always to be found, the various treatments have been tested, and in the majority sealing has been found most beneficial; so much so in fact that in most of the London Hospitals it is employed as a local dressing almost altogether. It prevents access of the air to the surface of the ulcer, thereby assisting materially in rapid cicatrization.

2d. It gives far less trouble both to the surgeon and patient, as it requires to be removed only once in three or four days, or where there is little suppuration, once in a week or ten days. Every surgeon knows the importance of leaving an ulcer undisturbed as long as possible, so that the new skin as it forms may not be pulled off with the dressings. Independent of these advantages this treatment in some cases very materially relieves the dull aching pain attending some forms of ulcers.

In conclusion, I would strongly recommend it to the notice of the profession, as I am convinced that in the majority of cases they will be well pleased with it, and inclined to use it to the exclusion of all other local dressings.

CLINICAL LECTURES ON DISEASES OF THE EYE.

By E. L. HOLMES, M. D., of Chicago,

Lecturer on Diseases of the Eye and Ear in Rush Medical College, and Surgeon of the Chicago Charitable Eye and Ear Infirmary.

CHRONIC CONJUNCTIVITIS—GRANULATED LIDS.

GENTLEMEN :—The form of disease to which I ask your attention to-day is one of the most common, and in some respects the most obstinate, affections of the eye, which you will have occasion to treat.

It is found in all classes of society, but more frequently among the poor. At the West there is scarcely a malady

which causes more physical and mental suffering than this. It is, therefore, worthy your especial attention.

The symptoms of this affection do not need a long description. A single inspection of the palpebral conjunctiva is sufficient to form a diagnosis.

There are two principal forms of granulations—a simple hypertrophy of the papillæ, as also of the mucons membrane itself, and a form, characterized by the presence of yellowish white gelatinous elevations, scattered upon the hypertrophied conjunctiva. These two forms are very often found existing in different degrees in the same eye. Occasionally a small portion of the lids nearest the external and internal angles is alone affected. The semilunar fold, with the caruncle and the duplicature, are perhaps the portions most liable to take on this condition.

There is usually an increased secretion of tears, mucus, and from the meibomian glands, which is especially observable after sleep. The lids are more or less tumified and tend to keep partially closed. The eyes become readily fatigued in reading or writing, especially by artificial light. Vision is, to a certain extent, impaired by the increased amount of mucus spread over the cornea. The vessels of the sclerotal conjunctiva are apt to be congested, and to encroach upon the cornea, especially its upper portion. In time, from the constant rubbing of the roughened lids, the cornea becomes ulcerated and so covered with vessels as to destroy vision. It is wonderful, however, to mark the differences in the effects of this disease in different individuals. While one patient, with a very slight degree of granulated lids, will experience so much irritation and disease of the cornea as to render him almost helpless, another may have, for a long time, enormous masses of granulations upon the conjunctiva, and yet the cornea may remain almost perfectly clear. Many of the differences which you will observe in different cases are inexplicable.

The course of the disease, after it is once established and not modified by treatment, and the manner in which it proves

destructive to the vision, by secondary disease of the cornea, have already been described. If this secondary disease does not supervene from the direct effects of the granular conjunctivitis, it is almost certain to follow from the effects produced upon the lids. You have already seen several cases illustrating the manner in which the lids are permanently injured by this disease. The conjunctiva and tarsal cartilages eventually become atrophied and covered with cicatrices; the tissues of the lids become so contracted as to either change the direction of the cilia by turning the whole edge of the lids against the globe, as in entropion, or by changing the relative position of the follicles of the cilia themselves, as in trichiasis. In this complication the lids may remain, for a period, quite normal in appearance. The hardened contractions and cicatrices of the conjunctiva, with the misdirected cilia, rub upon the cornea and almost inevitably produce its destruction.

The chief cause of Trachoma is neglected or mal-treated conjunctivitis. At the West that form of inflammation termed catarrhal, is the most prevalent cause. Mucopurulent and purulent conjunctivitis, if not speedily arrested, are almost certain to produce "granulations." With some patients there seems to be no apparent cause; without change of external circumstances, without active inflammation or marked congestion, they complain of trifling irritation of the eyes, especially in reading. On an examination of the lids, the palpebral conjunctiva will be found covered with ~~the~~ ^{blue} elevated points of granulations and enlarged vessels. I have found this form of disease not unfrequent, and although it is sometimes difficult to detect any evident causes, it is often the result of too much work with the eyes, and of constant exposure to slight causes of irritation, as dust, wind and smoke.

In all cases of chronic conjunctivitis, with granulations or hypertrophy following acute inflammation, you should be exceedingly guarded in giving a prognosis. This can not be called a disease, which tends to recovery by the simple efforts of nature. In very young children there is perhaps more hope

of total recovery without treatment than in adults. Patients with good general health, and surrounded with favorable circumstances, are in less danger than those who do not possess these advantages. That class of patients to which I have alluded, with simple uncomplicated granulations, without previous symptoms, are usually readily relieved by suitable treatment.

But with patients as they are generally found, who, from neglect, ill-treatment and exposure, have suffered from acute and chronic conjunctivitis, till the mucous membrane has become covered with granulations, the tissues atrophied and the cornea ulcerated, I consider the prognosis in regard to *perfect* vision as exceedingly grave. Unfortunately these patients are principally among the poor classes of society; they are often deprived of suitable food, and by the ordinary performance of their duties are exposed to the active causes of disease. Such patients, when suffering from this disease, seldom continue treatment after they can resume their labors, even if they are not cured. The disease soon reappears with its former violence; treatment is again sought with the same results. Relapse follows relapse till vision is permanently injured.

I think any one who has watched the treatment of this class of cases in the European clinics, and also in the Eye Infirmarys of this country, will be convinced that trachoma as usually observed, is a very serious disease. In a large proportion of cases just described I believe it is incurable, in the strict meaning of this word, for there will remain for years, even if vision is almost normal, a peculiar tendency to congestion from slight causes; upon examining the conjunctiva it will be found to present an appearance differing from that of health.

In reference to treatment, I have little to say in comparison with what has been written upon this part of our subject. I can only offer a few suggestions, referring you at the same time to the chapters in our best text-books to convince you that the combined experience of the world has failed to dis-

cover a plan of treatment which has removed "granulated lids," from the list of the opprobria of medicine. Still you must not suppose we can do nothing. By patience and judicious use of suitable remedies you will sometimes absolutely cure severe cases of this disease, and very often so far relieve pain and discomfort as to enable patients to pursue their ordinary occupations.

As regards the patients themselves, there are three distinct classes, each requiring in some respects a different course of treatment. The first comprises healthy, vigorous individuals, in whom the disease is, perhaps, purely local. The second may include those who are of a sound constitution, but who, from their disease, pain, anxiety, want of exercise, pure air and attention to the ordinary rules of health, have been reduced in strength and vitality. The third class includes those who suffer from a bad diathesis, the scrofulous and the syphilitic. The treatment of the first class is almost entirely local; in the second class, the health must be restored by placing the patient, as far as possible, in such relations as will improve his spirits and strength. The use of tonics and restoratives are also indicated. The third class of patients require constitutional treatment—usually termed alterative—with strict attention to everything that can effect the general health.

Patients should be removed from the influence of whatever can irritate the eyes, as dust, smoke, and too brilliant light. Absolute rest from the use of the eyes is demanded. Nutritious diet, but not in too large quantities, is required, and in ordinary circumstances patients should not be permitted to sleep through the day, especially after eating, since the eyes tend to passive congestion during sleep.

Collections of mucus and other secretions around the eyes should be carefully removed by gentle sponging with tepid water. At night the edges of the lids should be covered with some form of simple ointment to prevent the accumulation of hardened secretions and consequent adherence of the lids.

The direct treatment of the disease consists in the applica-

tion of caustic astringents and in the removal of the granulations by means of the knife or scissors. The latter plan is only indicated in cases of elevated, wart-like granulations, and when adopted, great care should be taken not to include the true conjunctiva, the destruction of which is liable to produce uneven cicatrices.

Skill in the use of local caustics depends almost entirely upon the selection of the proper strength. Although there are several of these remedies which may be used with benefit in different cases, after trying nearly all of them, I now depend in most cases, upon nitrate of silver, crystal sulphate of copper, and liquor plumbi subacetatis, principally, however, upon the two former.

It is difficult to describe the various conditions of the conjunctiva which you will observe in different cases of this disease. And yet it is important for you to learn what cases usually require strong, and what weak solutions of caustic. I shall, therefore, be obliged to depend upon the cases which I shall, from time to time, bring before you, to illustrate this subject, and shall take particular pains to point out the peculiarities of each case with the strength of the remedy best adapted to it.

I would advise you to use the solid nitrate of silver very seldom. This caustic, reduced in strength one-half, two-thirds or three-fourths, by means of nitrate of potash melted into sticks with it, may be used with benefit, although I almost invariably apply the remedy in solution, with a brush, as already described. Strong solutions should not be dropped into the eye, since they can not in this way be applied equally over the diseased membrane, and the secretions from the eye destroy their full action. It is well for you to commence with weak solutions, gradually increasing their strength according to the effects produced.

In acute conjunctivitis I am inclined to believe practitioners usually apply caustics too weak; in chronic inflammation too strong. If you pursue the course I have just advised, there

will be little danger of doing injury. The sulphate of copper if in the form of a smooth crystal, is a most valuable remedy in a large number of cases. As a rule, you will find one application daily of the above mentioned remedies sufficient. Trial alone will teach you whether the treatment should be repeated daily or three times a week.

Whenever the cornea is affected with granulations or vascularity in connection with trachoma, the latter disease must generally be relieved before the cornea will improve.

CASE OF FOREIGN BODY IN THE UTERUS.

By JOHN G. MEACHEM, M. D., of Racine, Wis.

A few weeks since I was called to visit a Mrs. W—, who gave me the following history of her case: About a year and a half ago she was treated by a physician for ulceration of the os uteri. She had suffered considerably during the flow of her menses, and had a large leucorrheal discharge during the interval. Solid nitrate of silver had been repeatedly resorted to, for the purpose of cauterizing the ulcerated surface, and after a time it was discovered that the mouth of the womb was too small. Whether it was so in the beginning, or whether it was made so by the repeated applications of the caustic, she could not tell, she only knew that her physician did not observe it until he had treated her a long time.

After the discovery was made he resorted to bougies of *Ulmus Fulva* for the purpose of dilatation. One bougie after another, increasing constantly in size, had been introduced, until the os was pronounced natural.

My grst visit was made just six months after the last visit of her former physician. The patient informed me that she had suffered much more since her treatment than before, and she was quite sure that it had proved an injury instead of a bene-

fit to her. She had experienced intense pain in the back, through the hips and down the limbs. She had painful micturition, slight chills, and fever daily. A profuse purulent discharge from the vagina, increased by hypogastric pressure. The pain attending the flow of her menses she thought equal to that of parturition. Her appetite was gone, and she was considerably emaciated, though a year before she was quite full and fleshy.

I suggested the use of the speculum as the only means of ascertaining her true condition, to which, however, she demurred, saying that she had no "farther confidence in that instrument," and wished me to resort to some other mode of diagnosis if I could. My firmness at last overcame her objection, and with the utmost difficulty, on account of the soreness and irritability of the parts, I introduced a four-valve speculum. The whole neck of the uterus presented a mass of ulceration. A little firm pressure over the hypogastric region, as before stated, would cause a free flow of pus from the uterine cavity. On introducing the sound the cavity was found to be more than twice its usual size, and by gently manipulating with the instrument a hard, moveable substance could be distinctly felt. The sound was withdrawn, and a pair of long uterine forceps introduced, and search made for the substance indicated. After a few moments a piece of wood, two inches and a half in length and half an inch in breadth, was withdrawn. It was black, and very tough, resembling a piece of whalebone, but upon close inspection proved to be one of the slippery elm bougies used more than six months before. It is needless to say that my patient made a very rapid recovery under simple treatment; the cause of all her late suffering having been this "sliver" in the womb.

Remarks on this case would seem to be needless, as the lesson taught by it is so plain that "he who runs may read."

SELECTED.

ON THE PROGRESS OF ANATOMY AND SURGERY
DURING THE PRESENT CENTURY.

By WILLIAM FERGUSSON, F. R. C. S., F. R. S., Etc

LECTURE I.—Delivered at the Royal College of Surgeons of England, 1864.

MR. PRESIDENT AND GENTLEMEN,—When the honor was conferred upon me of being appointed Professor of Human Anatomy and Surgery to this College, I felt uncertain as to the manner in which I could best fulfil the duties pertaining to such an important office. Considering the vast fields of anatomy and surgery which I had to choose from, the difficulty of selecting subjects for six lectures seemed far from great; yet reflection indicated that already the laborer had been at work. In most departments the harvest had been stored, and little remained to be gleaned or garnered which could possibly be put in comparison with the knowledge already in man's possession. To one who has been a laborer in our profession for well nigh forty years such a selection might at first thought seem easy. A teacher of surgery for more than thirty years might surely feel at little loss for material; but that very fact in a manner tells the real difficulty, for as a teacher one is necessarily in almost constant contact with the profession, and whatever he may have fancied new or of value has already been made public by the usual channels. In conversations with assistants and friends, in lectures, in the operating theatre, in the pages of public professional journals, in papers for Societies, in pamphlets, and even in portly volumes, the teacher of old standing and fair repute has already communicated his ideas to his professional brethren so freely and amply, that in his latter years he stands literally unburdened of all to which he may at any time have had original claim. It has been his glory to spread knowledge as readily and rapidly as it may have come within his own ken, and such originality as may have been his own has long since become the property of his profession.

The dilemma with me was that I had nothing new to say. More than twenty years' teaching in a London college and hospital theatre had in a manner "used me up," and, thinking of the kind of audience I might naturally expect within these walls, I had hesitation and doubt as to what might best suit the occasion.

Two courses came prominently before me. I might select a single subject, and say all about it that had been said before by others, and repeat or add all that I myself had said or thought further; or I might select several subjects in which I myself had taken special interest, or had peculiar opportunities of studying, and lay them before my hearers in such a way as to give the appearance of novelty and attraction to an audience assembled in the heart of London, and in the metropolitan abode of English surgery.

Of the two courses I have preferred the latter. If I have nothing to say that is new to my own mind, I may still labor, though in a somewhat novel sphere, to impress such truths as I have learned from experience, to doubt where I have reason still to do so, and to venture such suggestions and forecasts of thought as may become one who has spent his whole professional life in teaching, and who now finds himself in the responsible office of Professor of Human Anatomy and of Surgery in this great corporation.

About the year 1825, when my first intimate connection with the profession began, there was a period of calm (at least that is my impression) such as had not been for many years, and such as none of the present generation have seen. There was nothing new in British surgery, and little from abroad to attract special attention. The great impulse given by Hunter and his disciples had become in a manner embodied with, or as some might think, become the embodiment of the profession. On the continent, amongst surgeons, Dupuytren stood supreme; whilst Graefe, Lisfranc, Larrey, Dieffenbach, and Roux were but a shade behind. The latter had written his celebrated "Parallel," and already Velpeau had indicated his growing worth. In America, the names of Mott and Warren were associated with the boldest deeds in surgery. Here, amongst ourselves, Home, Cline, Blizard, Abernethy, Cooper had passed away, or well nigh faded from the scene. The same might be said of Todd and Colles in Dublin. Crampton, Carmichael, and Cusack worthily held the highest places in that city; and Brodie, Travers, Wardrop, Guthrie, Anthony, White, Key, Stanley, Green, and others yet alive, whose names and

deeds inspire veneration, held sway in the great metropolis. In Glasgow, John Burns labored, I may say alone, in a field which had been previously occupied by himself and his worthy brother Allan. In Edinburgh, the reputation of the Monros gave high character to the anatomical and pathological aspect of surgery, and the family reputation was maintained by the third of the name. The brilliancy of John Bell had in the early part of the century given great *éclat* to the school (which was enhanced by his brother Charles, whose name may be honorably included amongst the worthies of London, at the time I speak of,) and the solid worth of Benjamin Bell had given a high character to Edinburgh surgery.

About this date the field of surgical practice in the northern metropolis was held by gentlemen of high social and professional stamp, but they were neither professed teachers nor long-experienced hospital surgeons. Each had served a few years only as full surgeon in the Royal Infirmary. One (Mr. Wishart) had published translations of Scarpa's works on Aneurism and on Hernia, but others were unknown to more than local fame. From this list I may bring out and except the name of Russell, the author of an original and still standard work on Necrosis, and at that time revered as a surviving pupil of John Hunter. He was, moreover, the first professor of clinical surgery, and the only one bearing such a title in the United Kingdom. His position as a model surgeon was, however, by no means prominent, and the "pure" surgery of Edinburgh (as the term goes) was little different from that which might be found in any of the large provincial towns in Britain. There was no chair of surgery in the University. That of the College of Surgeons (which was shortly after abrogated) was held by a clever man, whose health and temperament prevented him taking a foremost rank in practical surgery, and there seemed little hope for a continuance of the reputation of this school, when suddenly there appeared on the scene three men whose labors have added substantially to the renown of the Scotch school, and whose names will be imperishably associated with the history of British surgery. These men were, John Lizars, Robert Liston, and James Syme. I trust that I may be pardoned for making pointed allusion to these surgeons but as it was from them that I gathered many of my own early views in surgery, I should not wish this opportunity to pass without giving them that honorable mention which, in my opinion, they richly deserve.

Mr. Syme still lives in active manhood, with a world-wide

reputation second to none amongst living surgeons. It is considered unbecoming to say that of one yet active on the scene which may be said in after years. Modern surgery owes him much, as I shall show in future lectures. Eulogy might seem to partake of flattery, and for my present purpose it may be sufficient to state, that at the date referred to, this gentleman evinced all that energy of character and aptitude for clinical teaching and for practice for which he has since become so distinguished.

Mr. Liston's fame, at this date, particularly as an operator, was well right as great as at any period of his comparatively short but brilliant career. In after years his soundness as a pathologist became more conspicuous; and the numerous valuable preparations in the museum of this College, which formed part of his collection, bear ample testimony to the greatness of his doings in practical surgery. Both he and Mr. Syme had already published those remarkable essays on Practical Amputation which, with the example set by their practice, went far to give that development to the flap operation since attained. Many circumstances contributed to give Mr. Liston early fame in Scotland. A well-developed frame, a broad forehead, a strongly marked, handsome countenance, indicative of great courage and decision, and an eye of piercing brilliancy and great expression, at once impressed those who sought his aid with a conviction of his powers. With these were associated a hand alike marvellous for its great size, its silent expressiveness, its vigorous firmness, its lightness, and its dexterity. It was aptly said of it by a distinguished lay contemporary, the late Lord Robertson—"If hard as iron and true as steel in the theatre of operation, it is soft as thisledown when applied to the throbbing pulse or aching brow." The remembrance of that hand is still fresh on my memory.

Some early operations of great magnitude and comparative novelty, aided by a certain amount of jealous opposition which merit is sure to call forth, brought Mr. Liston's fame impressively before the public; and among his achievements may be mentioned the successful removal of a scrotal tumor of more than forty pounds weight—the first operation of the kind ever performed in this country—and successful ligature of the subclavian, which had been essayed in vain by Ramsden and others in Britain.

When personal recollections have passed away, there will remain much to associate Mr. Liston's name with surgery, but the greatest features of his teaching powers will be forgotten.

With less than average facility of speech, he had a manner in all that he did before his pupils that produced the deepest impression; and there was a style in his operations which has had more influence in this department among a large number of pupils than has been produced, in as far as I can make out, by any other man in the history of surgery. Only those who have seen him can thoroughly appreciate what I now say.

Of Mr. Lizars there is now probably less known than of the two gentlemen just referred to; but his fame was great at the time. His folio work on anatomy, with which he incorporated most of his views on operative surgery, had contributed largely to his reputation. Initiated to the profession by John Bell, to whom he served a pupilage, he seemed to have imbibed some of the characteristics of that great surgeon. He was a very successful teacher, both of anatomy and surgery, an excellent pathologist, a brilliant and daring operator. His name will ever remain associated with the early history of modern operations on the upper jaw. He was the only man in Scotland who had placed a ligature on the innominata. The operation was unsuccessful, but it went far to prove, what was then not so well recognized as now, that secondary hemorrhage in such cases is more likely to come from the distal than from the proximal end of a tied vessel. He was the second to perform ovariectomy, and its practical originator in Britain. Like many pioneers in art and science, he was for this assailed by a certain amount of ridicule associated with vigorous opposition, and thus was thrown into abeyance an operation which, thirty years later, has produced as much excitement as has been associated with the early history of any great surgical proceeding. Whatever may be the fate of ovariectomy, the name of John Lizars must always remain associated with it.

I may be wrong, but the impression is strong on my mind, that an impulse to the more accurate study of surgical anatomy arose coeval with the development of the Hunterian operation. Before I knew the profession, all the great arteries had been tied, from the superficial femoral to the abdominal aorta and innominata, on the principles of our great surgical philosopher. The surgical anatomy of the arteries had occupied the attention of many first-rate anatomists of the early part of this century; and whilst the operations in question were excitingly attractive, others were not overlooked, and hence surgical and regional anatomy took a wider field, and the works of Charles Bell, Abraham Colles, Astley Cooper, John Shaw, Hargrave, and of others, testified to the zeal and

accuracy of surgeons in those times in anatomical pursuits having direct relation to their calling. It is an anecdote worth bearing in mind that when Astley Cooper was engaged in his great and interesting labors on hernia, nothing would satisfy him but a sight of the fact that the obturator artery might encircle the inner side of the neck of a crural hernia. The first preparation that gave this proof was in the museum of the famous teacher of anatomy in Edinburgh, John Barclay (now incorporated with the collection of the Royal College of Surgeons of that city), who actually forwarded it to London to satisfy the hesitation of the great surgeon. It was returned with most complimentary thanks; and this anatomical fact, now familiar to the simplest novice, was soon after made extensively known to the professional world.

There were manuals of anatomy in those days, written by men who have since held the highest professional positions, which really left little for the practical surgeon to desire; in fact, the subject was in a manner exhausted. Whatever was essayed as novel, seemed in reality but a repetition of something already done and known; and, with an occasional exception, there was little left for the modern anatomist but transcendentalism and minute observation. Investigations on ill-defined and obscurely developed quantities have, I fear, taken largely the place of wholesome surgical anatomy; and whilst I shall not go so far as to say that they are not of great value to the education of the practical surgeon, I may state that I have often felt inclined to protest against a system which seems to draw little or no distinction between this kind of so-called philosophy and that common-place, but common-sense, anatomy which is of essential service to the practical surgeon. With some it almost appears as if the bulk of the two thousandth part of an inch were of equal importance to the surgeon as the outlines of the sterno-mastoid or deltoid muscles; and with many it seems to be that there is really little or no difference of essential value between "blastema" and bone, "molecule" and muscle, "cytoblast" and cellular membrane!—nay, actually that once familiar term is now in some degree tabooed, and a man's acquirements are suspected if he does not use instead the modern one of "areolar tissue."

In surgical pathology, it was known that a person might live with an obliterated aorta, and might survive the loss of an upper or lower extremity. Inflammation with denudation of bone was commonly believed to necessitate amputation; and diseased joints with ulceration of cartilages, particularly

if denoted by crepitation, were generally deemed incurable, excepting by removal of the limb. Tumors of enormous size were frequently met with, and the disease then familiarly known as fungus hæmatodes was more common than in the present day: in both instances doubtless from timidity on the part of those who feared to meddle with what the modern surgeon arrests in early progress. But a vast amount of important material had been accumulated by the practical men of the day, and the works of Lawrence on Hernia, Brodie on the Joints, Thomson on Inflammation, Hodgson on the Arteries, and Cooper on Dislocations, may be referred to as types of the most valuable and precise surgical pathology which had been given to the profession. Pupils and practitioners had for study and reference in surgery, and to some extent in anatomy, the standard works of Boyer, of Benjamin Bell, of John and Charles Bell, of Abernethy, and of Samuel Cooper, whose "First Lines" was for a long time the favorite text-book, and whose famous Dictionary has, perhaps, not been excelled even to the present day.

Some naval and military surgeons had contributed largely to our general knowledge. Besides the labors of Hunter and of John Bell in these departments, it is in accordance with the intended spirit of this lecture that I should refer to those of Veitch and Copland Hutchinson, of Larrey, of Hennen, and of Guthrie. Although I am myself disposed to take exception to some of the doctrines of these gentlemen as being invariably applicable to the practice of surgery in civil life, I willingly acknowledge the great merits of those who gave us so much information after the cessation of our wars with the first Napoleon, and that much additional material, of unquestionable novelty and value, has been added to our stores by the publication of the so-called military surgery of that eventful period.

In Smiles' "Lives of Engineers" a dozen or more of those who first worked in this noble science are told off, each with a brief, yet interesting memoir, comprised within a few pages; but as engineering has advanced in the progress of time, the works of Vermuyden and Myddleton, of Metcalf and Brindley, seem to be surpassed by those of Smeaton, Telford, and Rennie, until at last a whole volume is required for the life of the elder Stephenson. Were we to compute the progress of surgery in a similar manner, to what limit might the lives of the great surgeons not go? To look within the present century, volumes might be written, in which most of the names

already mentioned would stand pre-eminent, and it would not be difficult to mark out many of the living generation with whom the progress of surgery is closely associated. It is the boast of those who live in the nineteenth century, that progress in all that pertains to civilization has been greater than in any similar period in history. I can not venture to claim for surgery the world-wide impression that has been made by steam, by electricity, by engineering, or by mechanics. Yet our art and science have not stood still. If there have been any changes and reforms in our laws and civil institutions for the improvement of our social atmosphere (and who can entertain a doubt on the subject?) we may point to our changes, our reforms, our improvements also.

Few things have struck me as being more remarkable than the simplicity of appliances and dressing in modern surgery among the best-class practitioners. This arises, I believe, from a better appreciation of the powers of nature, and a more humble idea of our own as to forcing that which can only come in time. It is, perhaps, in the increased knowledge and better treatment of wounds that the true philosophy of surgery has been most evinced in modern times. The days of the "secret dressings" and of "sympathetic powders" have passed away; and such a man as Colbatch, whom John Bell designated as a "respectable quack," or a pretender like Sir Kenelm Digby, were he even, like that famous man, secretary to a king, would have no influence on the profession, and little on the public, now-a-days. Yet Digby, had he belonged to our profession, would nearly have been a philosophic surgeon. If, after bringing the edges of a wound into accurate contact, and keeping them so by simple means, instead of affecting mystery and enacting the part of a mountebank, he had told his patient that he had done all that man could, and that nature and time would do the rest, he would have struck the key-note of that which constitutes, in my opinion, a great feature in modern practice. The secrecy and sympathy consisted, in reality, in simplicity; and it remained for John Hunter and for what John Bell called "the London school" to give us our present views on such subjects.

Professor Hughes Bennett, of Edinburgh, has in recent years insisted much on what he calls "rational medicine," the term evidently implying the existence of a converse practice. It is not for me, in my present position, to say much about the practice of physic, but I do not hesitate to say that there is room for "rational surgery" to make useful way. "I cure"

or "we cure" is too much in our vocabulary; and it would be more in accordance with the knowledge we possess of nature's actions were we to affect less in this respect, whilst there is a broad margin on which the guiding hand of the surgeon might take full credit. It has, indeed, been truly said that surgery is the handmaid to nature; and when the service is judiciously administered our work appears in the greatest perfection. Nature, in many of her inscrutable ways, does that which offends our common humanity; she brings us fevers, atrophies, consumptions, and cancers, over which we have but little control. Livingstone has told us that in parts of Africa where the lights of civilization have not yet appeared, most of those diseases which are at present the scourge of Europe have not yet been seen. May it not be that our boasted civilization has brought upon us many of those "evils" which, with a sort of negative consolation, we say, in poetic language, that "flesh is heir to?" Does not the very style of living interfere with nature's healthful actions in civilized man? Who in these islands can boast of success in lithotomy such as that obtained by our surgeons who practice in Asia? Were cases of elephantiasis scroti prevalent among us, is it likely that we could boast of saving 22 patients out of 24 operations? Yet such success has been recently recorded by Prof. Ballingall, of the Grant Medical College, Bombay. With all deference to our friends and contemporaries, it can not be admitted that this success comes from superior skill or dexterity; it is from the subject on which they work—the nearest approach to perfect nature, irrespective of what we fondly call civilized habits.

In speaking of wounds, I should not be doing justice to my own views and experience, nor to the efforts of others, were I to omit reference to the more common use of stitches than was sanctioned some thirty or forty years ago. When early and perfect union is desired in a line of considerable length, they far surpass other methods, and when judiciously applied (possibly in many instances with a due share of additional support) they are of the utmost value. Throughout my experience I can not say that I have seen the slightest evil arise from them, whilst the best possible good has often been derived. In fact, some of the greatest triumphs of modern surgery are associated with this simple mechanical process; for how else could so much have been done with those vesico-vaginal fistulae which so baffled our forefathers, and are now so amenable to skillful operative management? How else could the operation for cleft palate have been successfully accomplished?

How else could we have dared to lay open the walls of the abdomen to the extent of six, twelve or fifteen inches? Much has been said in recent times of the superiority of the wire over thread as the material for the stitch; but for my own part I deem the subject of comparatively little importance, whilst I do not hesitate to proclaim my preference of common silk thread for general use.

Until within the present century there was no positive remedy for stone in the bladder but a painful and dangerous cutting operation. The highest talent, skill, and manipulative dexterity have been evoked to set aside the dangers of that proceeding. Surgeons have cut twenty, thirty, fifty patients, losing perhaps only one; but a more extended experience has had the effect of bringing the average of mortality down to the certain loss of one in six or ten. Men have vainly prided themselves on their success—some because of the peculiar shape of a knife; some on the supposition that they have operated more dexterously than others; and superior success has ever been claimed on account of a special prayer and appeal to the Almighty just before commencing! We know full well how in the mysterious ways of Providence, man's best efforts have failed; his holiest aspirations have seemingly been thwarted.

Happily we of the present day have lived to see the perils and uncertainties of lithotomy set aside in a large number of instances by the less formidable and possibly more successful proceeding of lithotrity. The development of this operation has been within our own time. It is of foreign origin, and British surgeons have taken slowly to it. Until within these twenty years it was practiced by few, but latterly it has come into more general use; and if patients would but apply at an early date, when the stone is small, the judicious employment of this operation would go far to supersede the use of the knife and make lithotomy exceptional. As evidence of the high and useful character of the operation, it has been applied alike to the peasant, the artizan, and the wearer of a crown. Whilst we do all honor to the labors of Gruithuisen, Le Roy, Heurteloup, Costello, and especially Civiale, in developing this proceeding, it is worthy of note that the essential features of the instrument now in use—namely, the male and female blades, with the sharp curve at the end where the crushing is to be effected, and the screw force for that purpose—are of English origin, having been devised by the late Mr. Weiss, our celebrated instrument maker.

For my own part, I am almost disposed to consider that the treatment of distortions by divisions of tendons, muscles, and fasciæ—a treatment founded on a better appreciation than formerly of anatomy, physiology and pathology—constitutes, perhaps, the most striking example of modern improvement which I could bring to your notice. I take great pleasure in referring to a case, treated by one of our provincial surgeons—Dr. Wiblin, Southampton—who in the discharge of his duties, like many others of his fellow-laborers, undertakes the treatment of most ailments that come within his cognizance with energy, skill, and success, such as may well be admired—possibly envied—by his metropolitan cotemporaries. Cutaneous puncture and subcutaneous division with a narrow blade, so as to prevent the access of air, make Stromeyer's name worthy of honor in all time to come; and the development of the new tendon in some of these cases is a fine illustration of what Nature will do where man judiciously interferes with some of her imperfect works.

How hopeless was our practice for strabismus in former times! We neither knew the cause, nor the means of cure. In the generality of such cases the division of the internal rectus of the eye restores the symmetry of these important and attractive organs. Here the simplicity of the idea almost leads us to overlook its magnitude and scientific character. The illustrious Roux thought his achievement great when he could close by operation the cleft palate as if it were a hare-lip, and be successful in securing union in two cases out of every three operated on. It is my intention to show you in some future lecture how, by division of the levator palati on each side, the operation may be rendered almost as certain in its results as that for fissure in the lip, and that the average of failures is about 1 in 27 or 30.

The skill with which raw surfaces are made and approximated says much for modern progress. Our plastic operations are more marvelous than ever entered the imagination of Tulliacotius, or the poetic mind of Butler. The almost fabulous transplanting of one part of the body to a distant surface has been realized. The skin on the back of the neck has been lifted forward to supply a deficiency in front, and a portion of the skin of the abdomen has actually been made to do permanent duty on the forearm. Amongst plastic operations, and as illustrative of the value of union by the first intention, I may here refer especially to reparations on the face, and to the closing of wounds and unnatural openings in the urinary

organs and parts of generation, particularly in the female. A word of praise in these departments is justly and specially due to our transatlantic brethren, and amongst ourselves there are many whose triumphs in these cases do the utmost credit to modern surgery.

The application of the stethoscope to surgical diagnosis, the exclusive use of the microscope in pathology, the invention of the laryngoscope and its recent application in practice, are all interesting features in modern surgery. The ophthalmoscope, too, is one of the most ingenious and clever inventions for which surgery is indebted; nor can there be a doubt that, in special cases, the speculum is also of vast service. But I must leave it to greater enthusiasts, and those more skilled than myself, to dilate upon the marvels divulged by these instruments and to fix upon their relative values as additions to the surgery of the present century.

Ophthalmic surgery has made wonderful strides within our own time; but I do not profess myself competent to dwell on such a theme. It is pleasing to see that those who excel in this department, particularly amongst ourselves, are gentlemen who, from their education and competency, are fitted to hold the highest places in general surgery, and that many of them have held, and now hold, the foremost rank in our profession. Let me here express a hope that some future professor in this chair may be able to say as much for all who may devote themselves to the specialties of modern custom.

Excisions, or resections—the words seem synonymous—have claimed a large share of modern attention; for although we owe to the last century many such proposals and several examples, it is within the present that much has been said about them. But time presses, and I shall conclude my present address by reference to some matters which need not be dwelt upon in other lectures. Of these, that of anæsthesia may be deemed the most remarkable. No single appliance in surgery can, in my opinion, be compared with it; for, although before its discovery most, if not all, of the great achievements of our art had already been accomplished, the amount of suffering which can now be set aside enables us to relieve surgery of much of its horrors, and to exclude from the patient's senses that which was anguish, suffering and torture; whilst, generally, it permits the surgeon to perform his duty with a serenity of thought and action quite unknown to his predecessors. On this subject America again must have the palm of precedence. There sulphuric ether still holds the first place as the

anæsthetic agent; whilst with us chloroform, whose influence was first observed and made public by one of our contemporaries, is considered the most useful. Not long ago Dr. Marion Sims, with laudable enthusiasm, claimed for metallic stitches the honor of being, in our profession, the greatest discovery of the nineteenth century. Few surgeons of practical experience, however, will endorse this. I see nothing which has transpired in the present century which, in magnitude or importance, can compare in our annals with anæsthesia; and in my mind, it ranks in value to mankind scarcely less than the results of the labors of Harvey and of Jenner.

We congratulate ourselves that we have been permitted to live in times when man has displayed his mastery over steam and electricity, and with us and our special profession there have been agencies at work whose usefulness may be said to be literally beyond calculation. I allude to the improved facilities for education, to our social professional customs, to the medical press, and our own special literature. Our schools have increased in number; our great public hospitals associate more extensively than ever, education with charity; our handbooks, our works of reference, our means for learning, our appliances for teaching are beyond compare; and facilities for studying anatomy have, by a wise legislation, been placed lawfully within reach. Our societies and professional gatherings have encouraged and facilitated the diffusion of knowledge; man meets man face to face, thoughts flash almost simultaneously from brain to brain; and there is no longer a difficulty with those in places distant from a metropolis to find out even some roundabout way of communicating interesting or useful knowledge to the profession. A surgeon to a Liverpool hospital in the present day need not, as Park did in 1782, address himself to a leading hospital surgeon in London to give currency to his aspirations; nor need the Moreaus of our day keep their originality under the "cold shade" of an academy or a corporation. Besides the facilities for individual and independent publication, there are our quarterly, monthly, and weekly journals to carry knowledge to the ends of the earth. We pride ourselves in this country on the liberty of the press; we fondly call it our fourth estate; politically and professionally it may be called the pulse of the public mind; and amongst ourselves in our own time it beats with a healthy vigor, indicative of all those changes for the better which I have endeavored to sketch, although I fear but feebly, within the limits of a single lecture.—*London Lancet.*

PERMANGANATE OF POTASH IN GONORRHOEA.

By JOHN G. RICH, M. D., Beachville, Canada West.

For the last two years I have frequently employed the permanganate of potash as an injection in the treatment of gonorrhœa, and the constant success derived from its use has been extremely satisfactory.

My usual method had previously been to administer, first, a hydragogue cathartic, then to give a mixture of cubebs, copaiva, nitre, &c., with injections of sulphate of zinc, tannic acid, &c. But since employing the permanganate my treatment has been much more circumscribed, for with this remedy alone, I have frequently cured very bad cases in forty-eight hours, and this too without its being followed by any evil effect from the sudden arrest of the discharge.

My usual mode of treatment, however, is as follows:—

R Potassæ Bitart. ℥j; Podophyllin, gr. j. M. In chartulas quatuor dividendus. S. One every two hours until free catharsis is produced.

After which:

R Potassæ Permangan, gr. vj; Aquæ Fontan, ℥j. M. S. To be used as an injection three times a day.

I direct at the same time the free employment of mucilaginous drinks, as althœa, ulmus, acacia, &c., and put the patient upon a non-stimulating regimen.

Out of sixty-four registered cases this course of treatment has failed in but two instances. And I find that recent attacks usually become arrested by it after from three to six injections. I have found it advisable to continue the demulcents for at least a week after the cessation of the discharge. In none of all these cases was the injection continued after the fourth day.

When accompanied by chordee, I usually employ the following:—

R Lupulin, ℥jss; Pulv. Camphoræ, ℥j; Micæ Panis, q. s. M. Ft. mass in pilulas, xvi, dividenda. S. Two, three, or four on going to bed.

I think that the permanganate of potash is a remedy deserving of more notice than physicians have hitherto given it, and hoping that my experience may produce for it a more extended trial in cases of gonorrhœa, I remain, &c.,

J. G. R.

ON THE ACTION OF
THE BROMIDE OF POTASSIUM, IN INDUCING
SLEEP.

By HENRY BEHREND, I. R. C. P. E., Etc.

Dr. Garrod, in his recent lectures on the British Pharmacopœia, has mentioned that the bromide of potassium, when administered in large doses, produces drowsiness. I do not know whether the profession at large is aware of this fact, but as I have never previously seen any record of it (being indebted for my first information on the subject to the statements of Dr. Brown-Séquard,) and as I have, during the past twelvemonth, had ample practical experience of its use, the following cases are submitted to demonstrate the value of the remedy in the treatment of insomnia and restlessness, accompanied by and dependent upon nervous excitement and irritability. If its employment upon a larger scale should confirm the results at which I have arrived (and of which Dr. Brown-Séquard has repeatedly assured me,) its importance cannot well be overrated; as it is better borne than opium or any of its preparations, is free from the unpleasant effects—such as headache, constipation, &c.,—produced by that drug, and the system does not so rapidly become accustomed to it as to require its administration in constantly-increasing doses.

The first case in which I prescribed it was that of a gentleman, thirty-six years of age, of highly nervous temperament, who had undergone much mental excitement consequent upon the dangerous illness of a very near relative. There was no constitutional malady present, and the only symptom was loss of sleep, and the debility, both bodily and mental, consequent upon it. He had not enjoyed a really good night for weeks, and this preyed upon him to such an extent as almost to preclude the possibility of his sleeping; for his mind was constantly intent upon this one subject, and never more so than when he retired to rest, so that it seemed as if the very effort to obtain sleep prevented its accomplishment. He was in very low spirits, and had failed in quieting the nervous system by opium in its various forms, valerian, and other antispasmodics and sedatives. He was recommended to take

twenty-five grains of the bromide of potassium dissolved in a little cold water three times a day, before meals, for a week. At the end of this time, he called to inquire if it was necessary to continue the treatment, as he had enjoyed several night's excellent sleep, and had to a considerable extent regained his former cheerfulness and mental calibre. As he was still, however, somewhat nervous about his night's rest, it was thought advisable that he should not entirely give up the employment of the bromide; and he continued taking it once in the twenty-four hours, at bedtime, for a fortnight longer. He had now implicit confidence in the power of the remedy, and, what was of still greater consequence, was regaining confidence in his own powers of obtaining natural sleep, and he gradually ceased having recourse to the medicine. He always, however, kept a dose of it by his bedside, so that if he woke in the night and was tormented by the fear of not sleeping again, he might at once take it. During the last few months this fear has also left him, and he does not now use the bromide on the average more than once in three weeks. He sleeps perfectly well for six or seven hours at a time, and wakes comfortably and naturally, with entire freedom from the dread and depression which he formerly experienced on waking.

A second case, perhaps even more remarkably illustrative of the beneficial action of this salt, is that of a gentleman, forty years of age, who consulted me in the month of October last. He was of a most excitable and nervous temperament, and was engaged in mercantile transactions of great magnitude, the extent of which indeed seemed quite to overwhelm him, although without any grounds as to a fear of their ultimate result in a pecuniary point of view. He was quite unable, however, to banish them from his mind day or night; he had lost his natural sleep, was harassed and fatigued during the day, and sought my opinion as to whether he ought not at once to withdraw from business, although the sacrifice entailed thereby would be very great, and he was most anxious to avoid it. I told him to place himself under treatment for a few weeks, and if no benefit were derived at the end of that time, such a step as he contemplated might be necessary. I prescribed the bromide of potassium as in the last case: twenty-five grains to be taken three times a day before meals. At the end of a week he was much better, slept naturally and well, and was consequently much more sanguine as to his capability of attending to his affairs. Good

sleep having been procured, I thought it better to attend to the condition of the nervous system, and ordered the sulphate of strychnia to be taken in commencing doses of the thirtieth of a grain, to be gradually increased to the tenth of a grain, thrice daily. He was advised to have a dose of the bromide of potassium by his bedside, or to take one before going to bed, if he felt nervous about his night's rest; but since the first week of the treatment I do not think he has once found it necessary to have recourse to it. He sleeps perfectly well, has regained spirits and confidence, and has quite abandoned the idea of his unfitness to attend to his business transactions. He continues taking the tenth of a grain of sulphate of strychnia twice daily.

Other instances might be adduced of a similar character, but the above will serve as a type of the cases in which the administration of the bromide of potassium appears likely to be most useful—those, namely, in which the nervous element preponderates; and it is in these that, for the most part, opium and its preparations fail to produce any good result, and are not well borne by the system, frequently even adding to the excitement and irritability under which the patient labors. There can be no doubt, moreover, that cases of this type are unfortunately on the increase, since the highly artificial mode of life of the present day, especially in large cities, perpetually stimulates the nervous energy to the highest possible degree; so that even in the strongest constitutions the mental equilibrium is but too often shaken, and the weaker ones yield speedily to the excessive demands made upon them. The dose of the bromide recommended may appear large, but it is in all cases easily tolerated, and produces neither disagreeable nor toxic effects; the appetite is not interfered with, the alvine evacuations are regular and copious, and irritability of the bladder—a frequent accompaniment of restless nights—is greatly relieved. The only unpleasant result I have witnessed has been slight and temporary headache; and Dr. Brown-Séquard has informed me that he has given it with perfect safety for several successive weeks in drachm doses. Of the temporary paralysis, and weakening of sexual desire and power, which are said to follow upon the administration of large doses of the bromide of potassium, I have seen nothing. I should wish to try this remedy in the treatment of the restlessness of delirium tremens, but have not had the opportunity since I have become acquainted with its action upon the nervous system.—*London Lancet.*

EDITORIAL AND MISCELLANEOUS

CAMP NEAR PETERSBURG, VA., July 18, 1864.

Messrs. Editors of Journal :—

In the army, quinine is a fashionable treatment for all Idiopathic Fevers. Ask what is the rationale of this treatment, and the answer is, these fevers are caused by malarial poison, and quinine is therefore the sheet anchor. These fevers may be malarial, but there is a difference in the poison, or idiosyncrasy, of the patient, or his circumstances, which change the symptoms materially, from those cases in which I have found quinine to produce its good effects.

Three-fourths of the cases of fever in this army, that I have seen, are those in which there is no intermission. I do not say that the non intermission decides that there is no malarial influence, but it must be of that nature in which quinine is not useful.

The disease may commence with a slight chill or without one; the tongue is heavily coated with a whitish fur; generally there is severe headache, which, as usual, subsides in two or three days; not severe pain in the back; pulse from 100 to 130, etc. These cases are accompanied by considerable depression of the vital power. My experience in these cases leads me not to be favorably impressed by the quinine treatment. There is often a gastric irritability, with vomiting, which quinine increases; and it often increases the headache. I have seen it given in these fevers, in from two to five grain doses, continuing it for some time, but I never in one instance saw the good effect.

In many cases I could not see any difference in the progression of the case, whether quinine was given, or nothing used. It does not shorten the disease; often decreases the desire for food, which is already much below par. My remarks have

been in reference to its use in large doses, in all stages of the disease, to break in upon the poison of the disease, and shorten it. But I will now say, that I imagine I have found it useful given in from one to two grain doses as a tonic, aided by stimulants, in those cases without gastric irritability, and after the skin has become moist.

Here, as in other lands, is found plenty of intermittent cases in which quinine does its work nobly. If quinine cures so certainly in these (intermittent) cases, it seems probable it might give more relief in the continued ones, if their poison was of the same nature. Tried practitioners of large experience, stating that the poison of these two classes of fevers is the same, leads the younger class to believe it true; but there is some difference in the poison, or idiosyncrasy of the patient, that causes a different effect of the same remedy.

In these fevers what is the treatment? It should be similar to our private typhoid fever, viz., give tonics to keep the vital powers that are held up by stimulants; and nourishing diet from the first day. I have found that the cooks of officers, who, of course, have a better bill of fare than the privates, when taken with this fever are not so much depressed, and convalesce sooner than they do, and what is still more, not so many proportionally have the disease.

The treatment must be similar to other cases where there is failure of vital power; as, articles of food that are nutritious; cleanliness; tonics; and, as a carminative and stimulant, fluid ext. zingiberis and Jamaica rum; and, above all, kind words and encouragement of recovery.

G. D. WINCH, Ass't Surg., 36th Reg. Wis. Vol.

ST. CHARLES, MINN., July 18, 1864.

Drs. Miller and Ingals :—

Permit me to add to history a case of Extra Uterine Pregnancy. Patient—Mary Kingsley; æt. 35; first pregnancy; having been married eight years; had enjoyed good health until time of pregnancy; since, she has complained of illness.

March 1st. Felt quickening distinctly.

June 18th. Taken ill, pains experienced in left side, above pubis. Confinement was expected, and Dr. J. H. Sudduth, of this place was called.

July 2d. I was called in counsel. This condition, with partial delirium, continued.

July 12th. Fever present, delirium increased.

July 16th. Pains resembling labor, continued two hours, followed by an hour of rest. Death supervened.

Dissection. The abdomen, which was greatly distended, was found to contain a large quantity of liquid. The uterus was empty, about twice the size of an unimpregnated uterus. The os sufficiently dilated to admit a finger. A fœtus of about eight pounds in weight was found in left fallopian tube, head near umbilicus.

The uterus was drawn upward and to the right, which made it difficult to reach the os in examination. No signs of life of fœtus had been observed for about two weeks previous to the death of the patient.

H. H. GUTHRIE, M. D.

MESSRS. EDITORS:—*Erratum*.—In the June number of this *Journal*, p. 267, (lines 8 and 9,) the sense of the last paragraph of the article over the initials J. A. A., is remarkably *obscured* by the typographical blunder in putting the word "observe" instead of "obscure," as it should have been printed. In this case, at least, the "obscure" makes the matter clearer than to "observe" it. Please relieve my idea from *obscurity* by substituting the "obscure."

Respectfully Yours, J. A. A.

THE SURGEON OF THE ALABAMA.—David Herbert Llewellyn, who perished in the noble performance of his duty in the late action off Cherbourg, was the son of the Rev. David Llewellyn, perpetual curate of Euston Royal, Wilts. He was educated at Marlborough College, was an articulated pupil of Dr. Hassall, of Richmond, and subsequently studied his profession at Charing-cross Hospital from 1856 to 1859. He was Silver

Medalist in Surgery and Chemistry. Of a generous and ardent disposition, he gained the esteem and regard of all his fellow-students. He was with the *Alabama* throughout the whole of her eventful career, and was much respected by all on board. We are enabled to give a copy of the last letter which we believe he ever wrote. It was addressed to Mr. Travers, the resident medical officer of Charing-cross Hospital, and is as follows:

"Cherbourg, June 14th, 1864.

"*Dear Travers* :—Here we are. I send this by a gentleman coming to London. An enemy is outside. If she only stays long enough, we go out and fight her. If I live, expect to see me in London shortly. If I die, give my best love to all who know me. If Monsieur A. de Caillet should call on you, please show him every attention.

"I remain, dear Travers, ever yours,

"D. H. LLEWELLYN."

How poor Llewellyn did his duty, as a man and a surgeon, may be judged by the following touching episode which was seen to occur during the late battle: The whaleboat and the dingy, the only two boats uninjured, were lowered, and the wounded men placed in them, Mr. Fulham being sent in charge of them to the *Kearsage*. When the boats were full, a man who was unwounded endeavored to enter one, but was held back by the surgeon of the ship—Mr. Llewellyn. "See," he said, "I want to save my life as much as you do; but let the wounded men be saved first." "Doctor," said the officer in the boat, "we can make room for you." "I will not peril the wounded men," was his reply. He remained behind, and sank with the ship—a loss much deplored by all the officers and men.—*Lancet*.

There is something in the organization of man that makes him love hero-worship, and it is natural that the unselfish devotion of the surgeon of the *Alabama* should excite our admiration, and it may be a subject of just pride to the medical profession, that the only worthy exhibition of character that we know, as connected with the Corsair's history, emanated from a mind that had been elevated by its study and practice. Yet it is no more than is shown by multitudes of physicians who confront danger and suffer death from disease contracted by attendance on those laboring under infectious pestilence,

and conspicuous examples of equal self-sacrifice are not uncommon, even among uneducated men. Who has forgotten that when the *Hornet* sunk the *Peacock*, during the war of 1812, three American sailors went down in the *Peacock* while endeavoring to save their enemies who had surrendered. The history of the *Alabama* does not speak well for the character of any man who was a willing agent in making up this history. She was built, equipped and manned by a people, ostensibly our friends. She never entered the port of one of the seceded States, and there was nothing Confederate about her, except her commander and the flag under which she sailed. Until her last fatal day she sedulously avoided meeting a war vessel on the open sea with all the cunning instinct of a coward, and when in the proximity of an armed enemy she repeatedly stole out, under the cover of darkness, from the neutral ports she had entered to augment her crew or procure munitions, and went over the ocean, lighting it up with the helpless, unarmed sailing vessels of the merchant service; and when a long experience with the feeble had emboldened her commander to accept a conflict with a vessel of equal strength, and after Capt. Semmes had surrendered himself and crew as prisoners, as many of them as were able took a dishonorable advantage of Capt. Winslow's humane efforts to save their lives, to make their escape.

No vessel that ever sailed on the ocean has left a more disgraceful record than the *Alabama*, and that surgeon Llewellyn was a voluntary and cordial actor in the work, makes us doubt the propriety of attempting to transform him into a hero. We should rather point to his example to illustrate what we have sometimes heard alleged as an unusual proclivity of parson's sons to fall into disreputable lives.

DEATH FROM CHLOROFORM.—A writer in the *Medical Times and Gazette*, states that out of fifty-one cases of death from chloroform, thirty-eight declared their danger by sudden stoppage of the pulse; twenty-five of these showed in addition as

a chief sign, pallor of the countenance. In two deaths the symptoms have occurred thus: Sudden vomiting, instant cessation of the pulse, (food had been taken just before). In six cases, congestion of the face was the most marked symptom. In eight cases, cessation of breathing was the marked symptom. There is only one perfect stimulus to the failing heart, the stimulus of ærated blood. The means for producing this is by the excitation of artificial respiration, the tongue being drawn forward, and the introduction of nitrous oxide, either in its gaseous form, through the lungs, or condensed in water and introduced into the alimentary canal by the mouth or bowels.

The many friends of Dr. Powell will read the following, from the *Vicksburg Herald*, with pleasure:

MCPHERSON HOSPITAL.—No one visits this Hospital without being impressed with the consummate skill and business-like system with which it is managed. It is indeed a cheerful and quiet place for the afflicted. Dr. Powell, the gentlemanly surgeon in charge, is a man pre-eminently fitted for the position. Cleanliness, abundance of ventilation, and systematized management are the attractive features, and evidently enter largely into his ideas of good medical treatment. The wards are spacious, halls airy, with polished floors and high ceilings, and the rows of beds on either side, with their white, clean counterpanes, give to them an air of comfort and quiet rest which is equally attractive to those in health and strength as to the sick and disconsolate soldier.

We visited the hospital not long since, and found about one hundred and twenty sick men, and those in a state of rapid and permanent recovery. The good nursing and pure air will soon restore them to health and strength. It is gratifying to know that we have such a hospital with such a man at its head.

Dr. Alfred Stille has been elected Professor of the Practice of Medicine in the University of Pennsylvania, to fill the chair recently made vacant by the resignation of Dr. William Pepper; and Dr. B. Howard Rand has been elected to the chair

of Chemistry, in the Jefferson Medical College, in the place of Prof. Franklin Bache, deceased.

Philadelphia College of Pharmacy.—Dr. Edward Parrish has been elected Professor of Materia Medica in this school, in place of the late Dr. Thomas.

Tempting Offer.—A man advertises for a competent person to undertake the sale of a new medicine, and adds that it will be profitable to the “undertaker.”

The Paris Hospital Medical Society offers a prize of 1,000 francs for the best essay on the following subject: “Establish by means of positive facts the prophylaxis and curability of the form of Meningitis termed ‘tubercular.’” To be written in French.

Dr. C. E. Brown-Sequard has returned to this country and taken up his residence in Boston.

The Confederate States Surgeon-General reports 2779 cases of disease, and 1396 deaths among the Union prisoners in Richmond, during the months of Jan’y, February and March last. Of the deaths, 708 were from chronic diarrhœa. This shows a ratio of mortality fearfully large, as compared with the rebel sick in our hands.

The Buffalo *Medical and Surgical Journal* reports two fatal cases of trichiniasis as occurring near that city. A portion of muscle from these persons, and of sausages, such as they had eaten some weeks previously, showed the trichina spiralis in great abundance.

Constipation.—Trousseau declares Belladonna to be the remedy, *par excellence*, for habitual constipation. It does not purge, nor produce loose stools, but only renders defecation easier, and sometimes in the dose of a quarter of a grain, the

extract will produce several stools. As soon as the bowels become regular the dose of the medicine should be gradually diminished. Cases illustrative of the efficacy of this treatment are reported by Feissenger, who, however, made use of suppositories containing the ext. of belladonna; by Blache, also; and by Fleury.

In a late discussion at the Parisian Surgical Society, on amputations, M. Broca observed that statistics proved little or nothing in the matter. Amputations made in Paris and in the provinces were followed by very different results. In the provinces, amputation of the thigh generally succeeds, but in Parisian hospitals it is an operation of extreme danger, death being the rule and recovery from it the exception. Statistics, according to M. Broca, show that the mortality in Paris hospitals, after amputation of the thigh for injuries, is 100 per cent. Trélat makes it 83 in 100 cases.

To Render the Taste of Medicine Palatable.—It has been ascertained by M. Graw that the intensely bitter and nauseous taste of many drugs may be completely disguised by mixing them with chloroform. It is claimed that even the bitter taste of quinia and the peculiar odor of assafœtida can be thus destroyed.

Camp Diarrhœa.—This common and obstinate disease, so little amenable to treatment, has been found by Dr. Davis, of the 34th Iowa Vol., to readily yield to the following formula:

R. Spir. Ætheris Nit., ℥ iij; Tinct. Opii, ℥ ij; Strychnia, gr. j. M. Give from thirty to forty drops four times a day. A majority of cases yield in 48 hours. So says the Doctor.

Married.—At the residence of the bride's father, in Royal Centre, Ind., by Rev. Wm. Griggsby, Israel B. Washburne, M. D., Surgeon 46th Ind. Vet. Vols., and Miss Mattie A., daughter of G. B. Moore.

BOOK NOTICES AND REVIEWS.

The Principles and Practice of Obstetrics: Illustrated with One Hundred and Fifty-Nine Lithographic Figures from Original Photographs and with numerous Wood Cuts. Hugh L. Hodge, M. D., Emeritus Professor, etc. Philadelphia: Blanchard & Lea. 1864.

When we consider the number of valuable works upon Obstetric science and art which have been issued from the medical press within the last very few years, a doubt may arise in the mind, whether a new work upon this subject was so soon demanded. But when we are apprised of the fact that the eminent author of the work before us was about to retire from the prominent position which he had so long filled with marked ability, nothing could be more proper than that he should leave, as a legacy to the profession, the result of his extensive experience in the department of which he has stood at the head for at least a quarter of a century.

The rare endowments of Prof. Hodge for the task, his long and successful professional career, both as a practitioner and a teacher, led the profession to expect, as the result of his life labor, a work of more than ordinary value, and we have no hesitation in saying, that all who rise from a careful perusal of its pages, will concur in the opinion, that this expectation has been realized.

The work is published in quarto form. A leading feature will strike the reader in the lithographic figures from original photographs which illustrate more perfectly than the ordinary wood-cuts ever did, the anatomy of the parts involved, and the mechanism of labor. The mechanical execution throughout is fully equal to the best work, for which the enterprising publishers are so justly celebrated.

The preface contains a succinct history of Obstetric science in this country, by which we are strongly impressed with the rapid progress which it has made during the last few years. A comparison of the work now under consideration, with the once-valued treatise of Prof. Dewees, will illustrate very well the contrast between the past and the present.

The anatomy of the pelvis, and of the foetal skeleton, are elaborately and admirably given, and the organs of generation are well described. Many readers will think that more attention given to the description of the formation and early development of the ovum would have rendered the work more complete. The origin of the chorion and amnion is dismissed by a brief paragraph. And the student will be left in some uncertainty whether the author holds the views of Hunter in regard to the formation of the decidua, or those of "most modern physiologists."

The author joins issue with those who believe in "superfœtation," for says the text, "We have no hesitation in declaring that superfœtation in its strict definition never occurs."

Had we space we would gladly give an analysis of the work. In the arrangement there is nothing strikingly novel. We concur most fully in the author's estimate of the paramount importance of a thorough knowledge of the "mechanism of parturition," and consider the large space devoted to its illumination well employed.

The rules for Obstetric operations are clear and explicit. Upon embryulcia we are pleased to read, "In the improved state of the science of Obstetrics at the present time, the necessity of this terrible operation very seldom occurs."

A few extracts taken at random will show the author's style and treatment of certain subjects. Dr. Hodge recommends the Obstetric forceps, not merely as levers and tractors, but also as compressors :

"If," he says, "the head be large or the straits contracted, more pressure becomes requisite ; otherwise delivery would be impracticable. How far this compression may be carried with safety to the infant, is a question of great interest ; but the solution of it cannot have much influence on our practice, inasmuch as we must be regulated not so much by the idea how much compression can be borne with impunity, but how much is absolutely demanded to accomplish the delivery, for, of course, no more pressure should be made than what is esser-

tial for delivery. It is to be remembered, also, that the injury to the child depends much upon the longer or shorter continuance of this compression, and doubtless, also, on the degree of ossification which may exist in the cranial bones. Moreover, every practitioner is familiar with the wonderful fact, that while the placental functions continue, the brain will bear for a long time great pressure with impunity,

"We know that owing to the moulding of the head by the passages of the pelvis, and the powerful contractions of the uterus, the head may be greatly diminished laterally, and increased in length by the yielding and overlapping of the bones, in many instances, without destroying life, and we know, also, that in many cases where such compression has existed, forceps have effected a delivery, and the child been preserved. In one case of contracted pelvis, where the sacro-pubic diameter measured but little if any more than three inches, the author delivered an infant alive, whose head, a few hours after delivery, measured three inches and ten lines, in transverse diameter. We think, therefore, that the limit to be prescribed to the use of forceps as compressors must be restrained by the necessities of the case, rather than the effect it may have upon the life of the infant; for though that practitioner must be regarded as careless and even criminal who makes more compression than is absolutely necessary, yet he is fully justified in making that degree of compression requisite to effect delivery provided there be any reasonable expectation of preserving the life of the child.

"Although, therefore, the child must, in many instances, be exposed to some danger from the use of the forceps as compressors, yet they afford as fair prospect for its safety in bad cases, where otherwise it must have perished, and in most instances they are all important to diminish the sufferings and danger of the parent, with little or no risk to the infant."

The treatment of placenta prævia is perfect rest in bed, hips elevated, head low; a simple and easily digested diet; cold applications to the uterine regions, and warm to the extremities; avoidance of all mental and moral excitement. The following summary gives a good idea of the author's mode of managing placenta prævia:

"The nature of the hemorrhage being ascertained, a soft sponge, dipped in cold water and vinegar, should be applied directly over the orifice of the uterus, and supported by other

portions introduced between it and the floor of the pelvis, or, perhaps, by a gum-elastic bag distended with water. If the hemorrhage should continue and the os remain rigid, the employment of the sponge tent or the internal caoutchouc dilator may possibly be advantageous before more decided uterine treatment is employed. If, however, the hemorrhage be, by these means, diminished, and the patient's strength is good, the practitioner should wait until the os uteri be dilatable. Then, if the membranes do not rupture, they should be perforated, and the liquor amnii evacuated. If the contractions of the uterus be not powerful, the ergot should be given in repeated doses, while cold applications should be made to the uterus and rectum. If now the bearing-down efforts be efficient, and the perineum becomes distended, the tampon may be gradually removed, and, if necessary, the forceps applied to complete delivery. If the head be too large, or the pelvis small, perforation of the cranium may, in some rare instances, be demanded.

"If, unfortunately, these measures do not sufficiently diminish the hemorrhage, and the patient's strength fails, and the labor cannot be rapidly completed, a still further hope remains by at once extracting the whole placenta, either by means of the hand, or some suitable instrument, so that, if possible, the hemorrhage may be arrested and time gained for the patient's system to react, that delivery may be subsequently effected.

"If it should be ascertained that the presentation is preternatural, the membranes ought not to be ruptured until the os uteri is dilatable, so that version may be accomplished with less difficulty. In such cases, also, unless the necessity be imperative, the artificial abstraction of the placenta should be avoided, as the subsequent operation of version would be more painful and dangerous."

We have examined Prof. Hodges work with great satisfaction; every topic is elaborated most fully. The views of the author are comprehensive, and concisely stated. The rules of practice are judicious and will enable the practitioner to meet every emergency of Obstetric complication with confidence. Having said this much, it is unnecessary to advise the profession in explicit terms to obtain this work.

For sale by S. C. Griggs & Co, Price \$13.

The Pathology and Treatment of Venereal Diseases, including the Results of Recent Investigations upon the Subject. By Freeman J. Bumstead, M. D. New and Revised Edition. Blanchard & Lea : Philadelphia.

We are glad to record the appearance of a new and improved edition of the very excellent work of Dr. Bumstead, now three years in the hands of the profession. There is, perhaps, no class of diseases whose proper treatment is a matter of greater moment to the patient than the venereal, and of few has medical literature and medical teaching left us in greater doubt. No writer has done so much as Dr. Bumstead, to clear up this obscurity and relieve the subject from its former confusion. He has made a plain distinction between chancre and chancroid, and teaches that from chancre constitutional syphilis is liable to supervene, but that chancroid ulcers, though contagious, are never followed by such symptoms. As a result of the recognition of this truth follow recommendations of treatment that are highly conservative, and that the experience of the profession has gone far to approve.

His use of mercurials is limited to cases of true syphilis, and never extends to the treatment of chancroid. On this point we quote, "The internal use of mercury has no beneficial influence whatever upon the chancroid, which continues in a state of stubborn persistency, or even progresses, after the system is fully under the influence of this mineral. This statement is not a mere inference from the distinct nature of the chancroid and syphilis, but is founded upon experience. I was fully convinced of the fact by personal observation, and ceased to employ mercury for "soft chancres," several years before the distinction between the two species was recognized. Since abandoning it in my own practice, I have had numerous opportunities of observing other physicians administer mercurials for the chancroid, and my former opinion has only been confirmed."

An indistinct idea once prevailed that mercury was a specific for venereal disease, and this led many to its indiscriminate use, and not only chancre and chancroid, but gonorrhœa

was sometimes treated by ptyalism. Dr. Bumstead's work is so generally and favorably known as to require no praise from us, yet we do not hesitate to add, that on the subjects of which it treats it is by far the best book in the language.

For sale by W. B. Keen & Co. Price \$4.50.

The Physician's Dose and Symptom Book, Containing the Doses and Uses of all the Principal Articles of the Materia Medica and Official Preparations. By Joseph H. Wythes, A. M., M. D., Author of "The Microscope," "Curiosities of the Microscope," etc. Fourth Edition. Philadelphia: Lindsay & Blakiston. 1864.

The title-page indicates the character and scope of the book. Having rapidly passed to the fourth edition proves the favor which it has received from the profession. Compiled for the assistance of students it is a convenient *vade mecum* for the general practitioner. The following are the contents:

Table of Weights and Measures. Rules to Proportion the Doses of Medicine. Common Abbreviations used in Writing Prescriptions. Table of Poisons and Antidotes. Classification of the Materia Medica. Dietetic Preparations. Table of Symptomatology. Outlines of General Pathology and Therapeutics.

Scanzoni's Practical Treatise on the Diseases of the Sexual Organs of Women.

We have recently been favored, by the Publishers, with a copy of this valuable work. It affords us great pleasure to state that this book is accessible to the American practitioner. It will be found by a perusal that, while the teachings are eminently conservative, the treatise embraces the latest doctrines of the pathology, and the most approved mode of treating the important diseases peculiar to woman. The work is comprehensive; its style concise, rendering it most valuable to the student and practitioner. In every particular it is worthy the celebrated Würzburg Professor.

The American Editor, Dr. A. K. Gardner, has performed his labor well, and in mechanical execution the book is a model.

Bellevue Hospital Medical College

CITY OF NEW YORK.

SESSION FOR 1864-65.

The Trustees and Faculty announce, with much gratification, the renewed evidence of success afforded by the session of 1863-64. The experience of the three sessions has furnished ample proof of the importance of the new movement in behalf of medical education inaugurated by this College.

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PRELIMINARY TERM.

The preliminary term will commence on Wednesday, Sept. 14, 1864, and continue to the beginning of the regular term, viz., for four weeks.

Instruction during this term will consist of didactic courses on special subjects of interest and practical importance, together with daily clinical lectures. The college lectures during this term are given exclusively by members of the Faculty. Attendance during this term is not required, but students are earnestly solicited to attend; it being designed to make this term not merely a nominal, but an actual extension of the period of instruction.

REGULAR TERM.

The regular term will commence on Wednesday, Oct. 12, 1864, and end early in March, 1865.

During the whole of the session the student will have the opportunity of attending at least two clinical hospital lectures daily. In addition to these, four didactic lectures are given on every week-day except Saturday, in the college building within the hospital grounds. The didactic lectures are so arranged as not to interfere with hospital attendance. Ample time is allowed for accompanying the visiting Physicians, Surgeons, and Obstetricians of the hospital, attending clinical lectures, witnessing Surgical and Obstetrical operations, autopsies, etc., without compromising any of the courses of didactic instruction, the latter being as complete in this Institution as in Colleges not connected with hospitals. Clinical and demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the hospitals available to the fullest extent.

All the lectures in this College are given either in the hospital or in the College building within the hospital grounds.

The Bellevue Hospital receives annually from ten to twelve thousand patients. The annual number of births in the hospital is about five hundred. The Blackwell's Island Hospital usually sends about one thousand patients, a large proportion being affected with chronic diseases. This hospital contains always several hundred cases of syphilis. In addition to the vast field of clinical instruction afforded by these hospitals, the student may avail himself of the other Institutions under the government of the Commissioners of Public Charities and Correction, together with the varied resources for practical instruction contained in the great Metropolis.

The facilities for the study of practical Anatomy are unlimited. Anatomical material is supplied free of expense.

The fees for tickets to all the lectures, during the Preliminary and Regular Terms amount to \$10; tickets for one or any number of the seven departments of instruction may be taken out separately. The Matriculation Fee is \$5. The Demonstrator's ticket is \$5. Graduation fee is \$30.

No other fees are required. The Hospital ticket is gratuitous, after Matriculation. Students who have attended two full courses in other accredited schools [Eclectic and Homœopathic schools are not accredited.] receive all the tickets for \$50, exclusive of the Matriculation fee. Students who have attended two full courses in this College, or after one full course in this College, having previously attended a full course in some other accredited school, will be required to matriculate only. Graduates of other accredited schools, after three years, are required to matriculate only; prior to three years, they receive a general ticket for \$50.

Payment of fees is required in all cases, and tickets must be taken out at the commencement of the session. There are no exceptions to this rule.

Twenty-two resident Physicians and Surgeons are appointed annually, after an examination and recommendation by the Medical Board of the Hospital. They receive a salary sufficient for their support.

Students on arriving in the city are requested to report at once to Bellevue Hospital, situated on the East River, between 26th and 28th streets, and inquire for the Janitor, Mr. Edwin A. Ware who will take pains to aid them in securing comfortable accommodations, without delay.

For Circulars of the College, giving fuller information, etc., address the Secretary of the Faculty, Professor Austin Flint, Jr., 257 Fourth Avenue.

Aug.

Just Published. Price 50 Cents.

THE NERVOUS AND VASCULAR CONNECTION BETWEEN

The Mother and Fœtus in Utero.

By JOHN O'REILLY, M. D., F. R. C. S. I.

BAILLIÈRE BROS., 520 Broadway.

WOOD, 61 Walker St., N. Y.

NOTICES.

"He has handled the subject ably and most scientifically."—*Prof. Mott's Surgical Lectures, N. Y. University, Feb., 1864.*

"In fact the subject should have been written upon long ere this, and as it is, the profession are under a deep debt of gratitude to Dr. O'Reilly for having afforded them a key to unlock the mysteries of nature."—*Prof. Budd's Lectures on Obstetrics, N. Y. University, Feb., 1864.*

"You have opened up a field of observation which can not fall, in your hands to lead to most important results."—*William A. Hammond, Surgeon-General, U.S.A.*

"The author's views are clearly stated, his arguments, if not demonstrative, are at least ingenious, his conclusions logical, and will well repay the time devoted to their study."—*Chicago Medical Journal.*

"This work consists of an ingenious argument to show that there is a nervous connexion between the Mother and Fœtus in Utero. Facts illustrative and demonstrative are introduced, and the philosophy of mental impressions being conveyed to the Fœtus in Utero by the Mother is presented according to the original and enlightened views of the author. It is impossible to give our readers any very satisfactory resume of the arguments presented, or the opinions entertained by Dr. O'Reilly. He has studied this subject with great care, and is explaining facts which have been hitherto stupidly denied, because they could not be satisfactorily explained. Physicians who deny that mental impressions made upon the mother can be conveyed to the fœtus in utero, are especially invited to read this book; they will see that there are *some stranger things than dreamt of in their philosophy.* We have been deeply interested in the perusal of the book, and though perhaps all the positions are not yet fully established, yet the originality, philosophy, and perspicuity of the work commend it to the careful consideration of all."—*Buffalo Medical and Surgical Journal.*

"The quotation from St. Luke is very adroit, in fact it is sublimely apropos: it is worth whole volumes of demonstrative material from other sources."—*John Shanks, M.D., N. Y.*

"With his characteristic originality and ingenuity, Dr. O'Reilly labors to prove that there is a nervous connexion by which impressions are conveyed from the mother to the fœtus in utero, a doctrine ignored by a large portion of the medical profession. . . . Yet, however sceptical we may be on this point, we have been deeply interested in the perusal of the book, and commend it to the consideration of our readers."—*American Medical Times, N. Y.*

"It would be useless in our limited space to attempt to make any argument for or against the theory broached herein; still less to express a bold opinion respecting the correctness or the contrary of the deductions made by the erudite author. But we should do great wrong did we not recognize the research, industry, and originality so evident in its pages, and without expressing an opinion upon this *questio vexata*, to acknowledge the valuable facts collected, and the bold reasoning upon them."—*New York Medical Independent.*

"We think Dr. O'Reilly is correct when he asserts that vitality has its seat in the organic nervous system."—*Cincinnati Lancet and Observer.*

"The same may be said with regard to his opinion of the direct vascular connexion. We find, indeed, that Dr. O'Reilly's views on many subjects differ from those generally held, and none more so than that the seat of life is located in the sympathetic nerves and ganglia.

"Altogether the work is highly interesting, and has given us some food for thought and much amusement with its curious stories and more curious illustrations. We recommend it as a treat to our readers."—*Canada Lancet.*

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